POST General Roport 10-2-2010-11-22-2010 RECEIVED REPORT OF RECEIPTS **FEC** ROH JANTO AMII: 36 **AND DISBURSEMENT** FORM 3X For Other Than An Authorized Committee FEC MAIL CERTER Office Use Only TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. ADDRESS (number and street) Check if different than previously MOUNT reported. (ACC) STATE A ZIP CODE A CITY A FEC IDENTIFICATION NUMBER ▼ M 2. 3. IS THIS NEW **AMENDED** OR REPORT (N) (A) TYPE OF REPORT 4. (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reparts: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) 0-1-0 in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report (TER) in the Election on State of Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office **FEC FORM 3X** Use Rev. 12/2004 Only

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Report Covering the Period: From: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3

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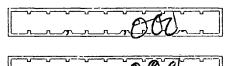
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FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name, Report Covering the Period: To: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))...

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶





of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

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	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	Total Tills Fellou	Calefidal fear-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Non-Federal Share		2200
	(b) Other Federal Operating		TO THE TOTAL PROPERTY OF THE PARTY OF THE PA
	Expenditures	L	250
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	600	250
22.	Transfers to Affiliated/Other Party		
28.	Contributions to	Land God	
	Federal Candidates/Committees and Other Political Committees	L. m. r. Coo.	L
	Independent Expenditures	807	0xx
25.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)		<u> </u>
26.	Loan Repayments Made	OO	<u></u>
27. 28	Loans MadeRefunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
			V P
	(b) Political Party Committees	Lange of the contract of the c	
	(c) Other Political Committees (such as PACs)	QAA.	20b
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	OPI	Aen
	(add Lines Lo(a), (b), and (c))		
29.	Other Disbursements		
10.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	2 0 0 0 0 0	
	(ii) "Levin" Share		650
	(b) Federal Election Activity Paid Entirely With Federal Funds	aan	ADO
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	Compton	[
2	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	Ann	000
	•		<u>[</u>

DETAILED SUMMARY PAGE

of Disbursements

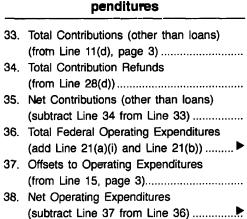
III. Net Contributions/Operating Expenditures

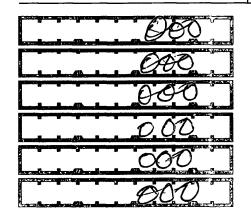
FEC Form 3X (Rev. 02/2003)

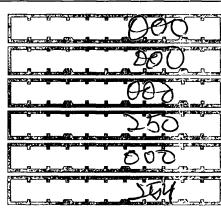
COLUMN A **Total This Period**

COLUMN B Calendar Year-to-Date

Page 5







S	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
l-			for each category of the	(check only one)
-			Detailed Summary Page	11a 11b 11c 12
-				13 14 15 16 17
4	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	rson for the purpose of soliciting contributions to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)	1.		
4	People Lo			
A	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			<u> </u>
	- none			<u> </u>
	City	State	Zip Code	
			1	Amount of Each Receipt this Period
ထ	FEC ID number of contributing federal political committee.			
√ ¢ö	Name of Employer	Occupation		-
M		•		
M	Receipt For:	Aggregate	Year-to-Date ▼	7
Ö	Primary General			
M	Other (specify) ▼		<u></u>	
9 –	Full Name (Last, First, Middle Initial)			
B	, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
	Mailing Address			الميميرين ، الميميرين
	City	State	Zip Code	
			·	Amount of Each Receipt this Period
	FEC ID number of contributing		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	federal political committee.			
	Name of Employer	Occupation		-
	Receipt For:	Aggregate	Year-to-Date ▼	┪
	Primary General	\dag*.097**0		
	Other (specify) ▼		<u></u>	
_				
C	Full Name (Last, First, Middle Initial)			Date of Receipt
_	Mailing Address			[Mr/M] \ [D-0-D] \ [-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.			
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary Ganeral	Jan edare	100 10-Date 4	
	Other (specify) ▼		/r\rrr	
	SUBTOTAL of Receipts This Page (optional)			<u></u>

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 24 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Date of Disbursement MUMMI / COUDI Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) District: State: Full Name (Last, First, Middle Initial) rel B. Date of Disbursement م بر م Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) State: SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	· • · · · · · · · · · · · · · · · · · ·		
People's voor			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
faris, WAYNE, leign	Cal Temas General		
Mailing Address Other (specify) ▼			
City Symfish Lake State MNZIP Code 35/18			
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Per			
[[PEC 6			
TERMS Date Incurred Date Due	Interest Rate Secured:		
DD' ED' SOOR CM' AT'	% (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source	No.		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
O. F. H. Name (Last Line), Middle India)	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
City State ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full)			
People's Lebbs			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
Co galana Da	Primary		
Orezz, ascara le	General Other (appeils)		
Mailing Address A Box 4 (CA)	Other (specify) ▼		
City D (May A State M ZIP Co	de 1111		
Original Amount of Loan Cumulative Payment To			
1000 Lange L			
TERMS Date Incurred Date Due	Interest Rate Secured:		
:	TANARA [Imanification]		
02 10 2009 1 00	% (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
2. Tuli Name (Last, Thist, Middle midal)	Traine of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
	Outstanding.		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
Walling Address			
{	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Amount Guaranteed		
	Outstanding:		
	[
SUBTOTALS This Period This Page (optional)			
FOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full)				
Deeples Lobby				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
6189, Edward Pa	ESTAL FONCE General			
Mailing Address Q 2 1 1 C 7	Other (specify) ▼			
City State () ZIP Co	nde 53941			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
	160 00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
	% (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
2. Full Name (Last, First, Middle Initial)	Outstanding:			
	The second secon			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
4. Full Name (Last, First, Middle Initial)	Outstanding:			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				
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METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)"		
People's Lx663		
USE ONLY ONE SECTION, A or B		
A. State and Local Party Committees		
Fixed Percentage (select one)		
Presidential-Only Election Year (28% Federal)		
Presidential and Senate Election Year (36% Federal)		
Senate-Only Election Year (21% Federal)		
Non-Presidential and Non-Senate Election Year (15% Federal)		
B. Separate Segregated Funds and Nonconnected Committees		
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below Federal		

(3/2005)

Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked //5/10
Delivery Confirmation™ or Sign	nature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
1	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Inia	1/10/10
PREPARER	DATE PREPARED